

**Youth Information**

First & Last Name \_\_\_\_\_

Preferred Nick-name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

**Please indicate if your child has ever had any of the following injuries, conditions or illnesses:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> GI Disorders   | <input type="checkbox"/> Psychiatric Diagnosis    |
| <input type="checkbox"/> Ear Infections          | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADD/ADHD                 |
| <input type="checkbox"/> Seizure Disorder        | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Muscular/Skeletal Injury |
| <input type="checkbox"/> Developmental Disorders |   |   |
| <input type="checkbox"/> Other _____             |   |   |

**Please record information about any items above; any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past 5 years; and any other health related information or further suggestions for Mountaineer personnel (attach additional information if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Concerns: \_\_\_\_\_

**Immunization History**

*Please list all known history*

	Year of	Last
<b>Vaccine</b>	<b>Original</b>	<b>Booster</b>
Chickenpox	_____	_____
Diphtheria	_____	_____
Hepatitis B	_____	_____
Measles	_____	_____
Mumps	_____	_____
Pertussis	_____	_____
Polio	_____	_____
Rubella	_____	_____
Tetanus	_____	_____
HIB	_____	_____
PCP	_____	_____
TB Test	Date: _____	Result: _____

**Allergies -List ALL known**

**Allergy** \_\_\_\_\_

Usual Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

**Allergy** \_\_\_\_\_

Usual Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

**Allergy** \_\_\_\_\_

Usual Reaction \_\_\_\_\_

Treatment \_\_\_\_\_

Youth Name: \_\_\_\_\_



**Insurance Information** (It is highly recommended to provide a copy of your insurance card)

It is the responsibility of every parent or legal guardian to provide the participant's accident and health coverage while participating in Mountaineers activities. The Mountaineers does not provide any accident or health coverage for its participants.

Is the participant covered by medical/hospital insurance?  YES  NO

If yes, indicate carrier/plan name: (Print Clearly) \_\_\_\_\_

Carrier address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Treatment**

This health history is correct to the extent of my knowledge, and my child has permission to engage in all prescribed activities. I hereby give permission to the First Aid or medical personnel selected by a Mountaineer Leader to provide treatment according to their assessment of my child's needs. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a Mountaineer Leader to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that The Mountaineers does not provide emergency transportation and I authorize transportation by ambulance according to the judgment of the staff. I understand the program fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention. This completed form may be photocopied for trips off of the Mountaineers property.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## The Mountaineers 2015-2016 ACKNOWLEDGEMENT OF RISKS

### AND WAIVER AND RELEASE OF LIABILITY

#### Youth Program Participants



**PLEASE READ CAREFULLY THIS ACKNOWLEDGMENT OF RISKS, WAIVER AND RELEASE OF LIABILITY AND SIGN BELOW ON THE SECOND PAGE.** THIS IS A TWO PAGE LEGAL DOCUMENT AND YOU MUST READ BOTH PAGES AND AGREE TO THE INFORMATION PROVIDED ON BOTH PAGES. The Mountaineers takes pride in our efforts to provide a safe and supervised program, but outdoor adventure by nature is not without risk. We do not want to diminish your enthusiasm for the experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in the camp program. The following describes some but not all of the risks.

- Slips and falls during activities at the Program Center and in the mountains can occur as a result of uneven ground, backpacking and hiking on slopes and paths with bumps, sharp sticks and exposed roots, climbing and hiking on loose, wet, snowy or icy terrain.
- While out of doors, participants may also be exposed to a variety of natural life including, but not limited to, marine life such as crabs, sea urchins, and jelly fish, plant life such as stinging nettles, flying insects such as yellow jackets, wasps and mosquitoes, other animals such as snakes, raccoons, goats and deer.
- While out of doors, participants may be exposed to hazardous conditions including but not limited to extreme heat, extreme cold, rain, snow, falling rock, exposed ledges, and steep slopes.
- Water activities may include swimming, rafting, canoeing, sailing and kayaking. All water activities have the danger of bodily harm, hypothermia and drowning.
- Participants may be responsible for helping with food preparation, and may be around outdoor cooking stoves, flammable materials, sharp knives and open fire.

Potential consequences of the activities include, but are not limited to broken bones, muscle tears, sprains, joint problems, or other orthopedic injuries, disabling head or spinal injuries, eye injuries, heart attacks, strokes, and other cardiovascular problems, heat exhaustion or heat stroke, allergic reactions, cuts, infections, burns, dehydration, mental anguish, hypothermia, drowning or other means of death.

Risks may include equipment malfunction or loss of control, collision of obstacles, variation of terrain, or unexpected actions by animals or other people. I understand that participants may act in a negligent manner that can contribute to injury to themselves or others, such as failing to maintain control, not acting within his or her abilities or not following the rules.

I acknowledge that The Mountaineers or its representatives are not responsible in any way for personal clothing, items or equipment that may be lost, stolen or damaged as a result of my participation in camp activities.

We, youth participant and parent/guardian, understand that it is the responsibility of each participant to participate in the whole program including activities of work, play, values and working together. We understand and support policies prohibiting participants from possessing or using tobacco products, alcoholic beverages, illegal drugs, marijuana, fireworks, knives and weapons of any kind. We recognize that participants must follow safety instructions, remain in areas designated by leaders, and refrain from behavior that is harmful to themselves or others. Failure to adhere to Mountaineers policies will be cause for participant's dismissal from the program without refund of fees. We acknowledge that we will be responsible for pick-up and transportation of our participant if dismissed early from the program.

The Mountaineers 2015-2016 ACKNOWLEDGEMENT OF RISKS



AND WAIVER AND RELEASE OF LIABILITY

Youth Program Participants

IN CONSIDERATION FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN MOUNTAINEERS ACTIVITIES, I AND MY CHILD HAVE READ AND AGREE TO THE 2014-2015 MOUNTAINEERS ADVENTURE CLUB HANDBOOK, INCLUDING THE CODE OF CONDUCT, PARTICIPANT COMMITMENT, PARENT/SPONSORING ADULT COMMITMENT, AND THE SECTIONS ABOUT SUPERVISION AND GUIDANCE, CARPOOLING, TRIP COMMUNICATION AND REGISTRATION, TRIP TRANSPORTATION, ELECTRONICS, WEAPONS, DRUGS, ALCOHOL AND TOBACCO, MEDICATION AND MEDICAL CLEARANCE. I VOLUNTARILY CHOOSE TO ENROLL MY CHILD IN MOUNTAINEERS ADVENTURE CLUB WITH FULL UNDERSTANDING OF THE PROGRAM AS IT IS DESCRIBED IN THE 2014-2015 MOUNTAINEERS ADVENTURE CLUB HANDBOOK.

IN CONSIDERATION FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN MOUNTAINEERS ACTIVITIES, I HAVE READ OR HAVE HAD READ TO ME THE RISKS OF ACTIVITIES WITH THE MOUNTAINEERS. I VOLUNTARILY ACCEPT THE RISKS INVOLVED. I AM AWARE THAT MY CHILD WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN, AND I APPROVE OF HIS/HER PARTICIPATION IN, MOUNTAINEERS ACTIVITIES INVOLVING A DEGREE OF RISK. I AGREE TO RELEASE ANY CLAIMS THAT I MIGHT HAVE AS AN ADULT FOR ANY LOSS, INJURY OR DAMAGE RELATED TO MY CHILD'S PARTICIPATION, INCLUDING CLAIMS BASED ON NEGLIGENCE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE FOR MY CHILD'S ACCIDENT AND HEALTH COVERAGE WHILE PARTICIPATING IN ANY MOUNTAINEERS ACTIVITY. THE MOUNTAINEERS DOES NOT PROVIDE ANY ACCIDENT OR HEALTH COVERAGE FOR ITS PARTICIPANTS.

I give permission for The Mountaineers to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret Mountaineers programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I understand that should a person arrive to pick up the child and appears to be under the influence of drugs or alcohol that the child will not be released until another person who is not under the influence of drugs or alcohol arrives to pick up the child. If no person is located, staff may have no recourse but to contact the police.

I HAVE READ OR HAVE HAD READ TO ME, AND I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS. I UNDERSTAND THAT THIS FORM MAY NOT BE ALTERED AND THAT MY CHILD MAY NOT PARTICIPATE WITHOUT THIS FORM SIGNED. I ACKNOWLEDGE THAT I HAVE SIGNED THIS OF MY OWN FREE WILL, THAT THIS DOCUMENT MAY AFFECT MY LEGAL RIGHTS, AND THAT MY CHILD'S PARTICIPATION IN MOUNTAINEERS ACTIVITIES IS PURELY VOLUNTARY.

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Youth Participant printed name

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Youth Participant Signature

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Date

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Parent/Guardian printed name

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Parent/Guardian Signature

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Date



## DROP-OFF & PICK-UP

All Pioneers meetings happen at The Mountaineers Seattle Program Center, and most trips leave from there as well. While we do not arrange transportation for youth to and from the Mountaineers Program Center (or other designated meeting place), we do encourage carpooling.

Transportation to and from the Mountaineers Seattle Program Center (or other designated meeting place) is at the sole discretion of the parent/guardian of each youth participant. If a youth carools with another family, the parent is responsible for making appropriate communication arrangements with the youth.

Pioneers monthly meetings begin at 6:30pm and end no later than 8:15pm. Youth who need to leave the meeting early are expected to communicate their plans to Mountaineers staff. At the end of the meeting, all youth are dismissed to adults picking them up. Mountaineers staff will stay at The Mountaineers until all youth have left.

Pioneers trips begin and end at varied times. Youth are expected to show up on time at the trip meeting place. At the end of the trip, youth will contact their families and/or the person they are expecting to pick them up approximately one hour prior to return to the meeting place to communicate the estimated time of arrival. Mountaineers staff will stay at The Mountaineers until all youth have left.

I understand that it is my responsibility as the primary caregiver to ensure that my child is picked up on time, and that if I (or a designated pick-up person) am more than 10 minutes late, and The Mountaineers have not heard from me, program leaders will begin calling emergency contacts, beginning with the primary caregiver. After 3 hours, if The Mountaineers have not been able to reach any person at any of the contact numbers listed on the participant's paperwork, The Mountaineers will have no choice but to call CPS to arrange for a place for the child to stay for the night.

### PLEASE INITIAL ONLY ONE OPTION:

I approve The Mountaineers to release my child with the rest of the students, and trust my child to return home via transportation that my child and I agree upon. I DO NOT request that The Mountaineers monitor who my child leaves meetings and programs with.

I request that Mountaineers staff or volunteer leaders monitor who my child leaves meetings and programs with. My child may ride with the following adults **ONLY**:

Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Pick-up Person #3 \_\_\_\_\_ Phone: \_\_\_\_\_

Pick-up Person #4 \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## DRIVERS FOR TRIPS

*This sheet applies to transportation FROM a designated meeting spot TO a trip destination, including transportation to and from campgrounds and recreation sites, and RETURN transportation FROM the trip destination TO the designated meeting spot. This sheet does not apply to transportation to and from a designated meeting spot or to and from Mountaineers Adventure Club meetings.*

Pioneers trips and skills sessions outside of the Program Center happen because of the support of our parent chaperones and volunteer and staff drivers. Your child will often ride with other Pioneers parents, volunteers or Mountaineers staff during these trips.

All adults driving youth as part of a Mountaineers program must be at least 21 years old, carry a valid US Drivers License, carry a minimum of \$300,000 in auto insurance, and complete a background check. The Mountaineers will keep copies of drivers licenses, insurance policies and background checks on file.

When transporting youth, all laws must be followed without exception. This includes speed limits, seatbelt laws and not using cell phones unless pulled over in a safe location.

**Please select ONE option by initialing next to your choice:**

(initial) \_\_\_\_\_ I understand that Pioneers participants will receive transportation from the designated meeting place to the trip destination(s) and back in the vehicles of staff and volunteers. I authorize my child to ride with any volunteer or staff member who meets The Mountaineers' driver prerequisites and agrees to follow Mountaineers Transportation Policies during Pioneers trips.

OR

(initial) \_\_\_\_\_ I understand that Pioneers participants will receive transportation from the designated meeting place to the trip destination(s) and back in the vehicles of staff and volunteers. I authorize my child to ride with any volunteer or staff member who meets The Mountaineers' driver prerequisites and agrees to follow Mountaineers Transportation Policies during Pioneers trips EXCEPT:

My child may NOT ride with these drivers: \_\_\_\_\_

OR

(initial) \_\_\_\_\_ I understand that Explorer participants will receive transportation from the designated meeting place to the trip destination(s) and back in the vehicles of staff and volunteers. I authorize my child to ride with ONLY THE FOLLOWING PEOPLE, and I understand that this restriction may necessitate that I drive if these drivers are not available:

My child may ONLY ride with these drivers: \_\_\_\_\_

## CARPOOL

\_\_\_\_\_ Yes, I would like my contact information included in a carpool list to be distributed to all Pioneers families.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Town/Neighborhood: \_\_\_\_\_

Notes on Availability: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication  
Authorization Form**

**SELF ADMINISTERED MEDICATION – for non-controlled PRN prescription medications (such as epipens and inhalers)**

My child has permission to carry and self administer the medication listed below:

Child's Name \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

When Medication Should Be Taken: \_\_\_\_\_

What Happens If Medication Is NOT Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER THE COUNTER MEDICATION PERMISSION – for all non-prescription medications, including topical ointments.**

I give permission for leaders to distribute the following over the counter medication to my child:

**Name of Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

When Medication Should Be Taken: \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

When Medication Should Be Taken: \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

When Medication Should Be Taken: \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

When Medication Should Be Taken: \_\_\_\_\_

*Note: All medications, including OTC Medications must be in their original bottle, labeled with the child's first and last name, and must be current (not expired). Mountaineers leaders will distribute parent-indicated dosage or recommend dosage on label, whichever is less.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## OTC Medication Administration Authorization Form

As part of the Mountaineers Adventure Club program, youth may spend 2-10 days in the care of Mountaineers Staff and Volunteers, away from parents. While we promote a healthy environment by ensuring youth are fed and hydrated, and by avoiding extreme conditions when possible, there are times when a youth's comfort and ability to fully participate can be significantly improved with over the counter medication. Examples include headaches, nausea, allergies, minor injuries and menstrual cramps.

I give permission for the Mountaineers staff and volunteers to administer sunscreen, hand sanitizer and/or Over The Counter medications to my child as needed at their discretion. The Mountaineers staff and volunteers will never administer a dosage that is greater than the dosage recommended on the medication directions for use. I assert that my child has no known allergies to any brands of these products, and acknowledge that allergies can develop at any time.

"I hereby give representatives of The Mountaineers permission to administer:

(initial) \_\_\_\_\_ any brand of non-prescription Sunscreen

(initial) \_\_\_\_\_ any brand of non-prescription Hand Sanitizer

(initial) \_\_\_\_\_ any brand of non-prescription Ibuprofen

(initial) \_\_\_\_\_ any brand of non-prescription Acetaminophen

(initial) \_\_\_\_\_ any brand of non-prescription Diphenhydramine HCl (antihistamine found in brands like Benadryl)

(initial) \_\_\_\_\_ any brand of non-prescription Antacid or Anti-diarrheal (such as Tums or Pepto Bismol)

(initial) \_\_\_\_\_ any brand of non-prescription topical Antihistamine

(initial) \_\_\_\_\_ any brand of non-prescription topical Antibiotic

(initial) \_\_\_\_\_ any brand of non-prescription cold or allergy medication

At their discretion to my child."

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Authorized Prescriber's  
Order for Medication  
Administration**

**Authorized Prescriber's Order**

*(Physician, Dentist, Physician's Assistant, Advanced Practice Registered Nurse)*

**PRESCRIPTION MEDICATION PERMISSION – for all prescription medications, including controlled, non-controlled and self-administered medications**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? **Yes / No**

Condition for which drug is administered \_\_\_\_\_

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Times of administration: \_\_\_\_\_

Any specific instructions for medication administration: \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

May this medication be self-administered by the child? **Yes / No**

Relevant side effects of medication \_\_\_\_\_

Plan for management of side effects \_\_\_\_\_

Known Allergies \_\_\_\_\_

**Prescriber Information & Signature**

Printed Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Prescriber signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Information & Signature**

**Authorizing administration of medication as described and directed above**

Printed Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Special Circumstances

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The Mountaineers strives to be a welcoming and inclusive organization. We believe that our program participants benefit from sharing meaningful experiences in a positive outdoor environment with others who bring a diversity of skills, life experiences, personalities, perspectives and beliefs to the program.

Many youth have life situations that may influence their experience in Mountaineers programming. These situations may be medical, physical, dietary, religious, emotional, family-related, school-related or trauma-related. In order to best serve each youth, we request that parents/guardians share this information with us on this form.

The Mountaineers is an Outdoor Education organization, and we strive to provide the best possible learning environment so that participants have the best chance of success in skill– and community-building. This includes maintaining physical and emotional comfort and safety for participants. The Mountaineers will make every effort to accommodate any special requests associated with the circumstances listed on this form. In the event that we cannot make accommodations, we will communicate that in advance with the family, and the youth will have the option to participate without accommodation or to forego participation.

The Mountaineers takes privacy and confidentiality seriously. Information on this form will be shared ONLY with the individuals listed as “primary leaders” for the activity or activities in which the youth is participating. Information will not be disclosed to any other individuals *except* as necessary for the safety of the youth *and* as communicated with the youth and family in advance of disclosure. Youth may have the option to forego participation in lieu of disclosure.

## PLEASE COMPLETE BOTH SIDES OF THIS TWO-PAGE FORM

Does the youth participant have any special dietary needs? \_\_\_no \_\_\_yes - \_\_\_\_\_

Does the youth participant receive any special services at school? \_\_\_no \_\_\_yes

Please share anything we can do that will help the youth participant be successful in our program:

Does the youth participant take any medication during the school year? \_\_\_no \_\_\_yes – which ones? \_\_\_\_\_

Are there any recent adjustments or family situations that may be impacting the youth participant?

Are there any religious accommodations you would like us to make for the youth participant?

# Special Circumstances



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In the event of injury or illness, The Mountaineers leaders will provide basic first aid in the field according to their training and certification level, and if needed will transport the youth by ambulance to the nearest definitive care facility. Do you have any specific instructions regarding medical care for the youth participant?

Does the youth participant have any short-term or long-term physical limitations?

Are there any specific accommodations you would like to request that have not already been listed on this form?

Is there anything else you'd like us to know?

May we disclose this information at our discretion to other adult volunteers and staff in the program?

yes

No, we request that you consult with the family and youth before disclosure to any other individuals.

May we disclose this information at our discretion to other youth in the program?

yes

No, we request that you consult with the family and youth before disclosure to any other youth participants.

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Youth Participant printed name

Date

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Youth Participant signature

Date

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Parent/Guardian printed name

Date

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Parent/Guardian Signature

Date

# Disaster Preparedness



We live in an area where earthquakes, volcano eruptions or tsunamis can occur. While we all hope to be in safe locations when these events happen, we want to be prepared to care for your child should these or other natural disasters happen while your child is in program. Our staff are prepared to care for youth in our programs for an extended period of time should a disaster event make it difficult or impossible for parents to reconnect with their children. We have a communication plan in place using out of state partners in the event that local communication (cell service, land lines, etc) is interrupted. Please provide the information below to help us care for your child and communicate with you should this type of event occur.

Does the youth participant have any medical conditions we need to know about for long term care that may not be listed in their program forms?

Does the youth participant take any medication at home? Please describe the medication(s) and what to expect if the child cannot take the medication(s).

Please list an out of state contact who we can relay information to should communication be interrupted with you:

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Name & relationship to child

Cell phone that can receive texts

Email

---

Youth Participant printed name

Date

---

Parent/Guardian printed name

Date

---

Parent/Guardian Signature

Date